

ISSUE SLIP STAPLE AREA (for additional cross references)

| P SITI N | IN TIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| .I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | AB | TC400 | 02-07-01 |
| RESPONSE FORMALITY REVIEW | MD | AC917 | 06/19/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final | |
| Original | |
| 1 | 02/03/01 |
| 2 | 02/03/01 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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